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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	VMIC:002RE
First Named Inventor	Valerie Arem
Original Patent Number	6,131,205
Original Patent Issue Date (Month/Day/Year)	10/17/2000
Express Mail Label No.	EL 780049619 US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

- Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)
- Applicant claims small entity status. See 37 CFR 1.27.
- Specification and Claims in double column copy of patent format (amended, if appropriate)
- Drawing(s) (proposed amendments, if appropriate)
- Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Power of Attorney
- Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
- CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
- Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. Original U.S. Patent for surrender
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
14. English Translation of Reissue Oath/Declaration (if applicable)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: **.Statement..Concerning
Reissue Application.....
Certificate of Correction**

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Fulbright & Jaworski, LLP		
Address	600 Congress Ave., Suite 2400		
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NAME (Print/Type)	Gina N. Shishima	Registration No. (Attorney/Agent)	45,104
Signature		Date	8/6/01

Burden Hour Statement: This form is estimated to take 0 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) VMIC:002RE			
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 18	Total Claims (37 CFR 1.16(j))	(B) 31	**** 11 = x \$ 9 = 99	or	x \$ _____ =			
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 4	* 1 = x \$ 40 = 40		x \$ _____ =			
Basic Fee (37 CFR 1.16(h)) \$355								
Total Filing Fee \$494				OR				
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* = x \$ _____ =	or	x \$ _____ =		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	= x \$ _____ =		x \$ _____ =		
Total Additional Fee \$						OR		
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.								
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.								
*** After any cancellation of claims.								
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).								
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).								
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-1212/101049527GNS</u> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>494.00</u> _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
<u>8/6/01</u> Date				 Signature of Applicant, Attorney or Agent of Record				
<u>Gina N. Shishima, Reg. #45,104</u> Typed or printed name								

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Valerie Michelle Arem

Serial No.: Unknown

Filed: August 6, 2001

For: INVISIBLE POCKET

Group Art Unit: Unknown

Examiner: Unknown

Atty. Dkt. No.: VMIC:002RE

Reissue Application for Patent No. 6,131,205

EXPRESS MAIL MAILING LABEL

NUMBER EL611001175US

DATE OF DEPOSIT August 6, 2001

STATEMENT CONCERNING REISSUE APPLICATION

Commissioner for Patents
Washington, D.C. 20231

Commissioner:

Applicants respectfully submit this statement concerning purpose for reissue application in the above-referenced case.

This Reissue Application is submitted to correct errors in U.S. Patent No. 6,131,205, which include the Patentee claiming more or less than the patentees had a right to claim in the patent. Applicant is unaware of any restriction requirement in this case.

The Specification of the patent is presented in double-column format. The Certificate of Correction is also included.

Applicants submit herewith a check for the basic filing fee for the Reissue Application. If the check is inadvertently omitted or should any additional fees under 37 C.F.R. §§ 1.16 to

1.21 be required for any reason, the Assistant Commissioner is authorized to deduct said fees from Fulbright & Jaworski L.L.P. Deposit Account No.: 50-1212/10104952/VMIC:002RE.

Please forward any reply to this communication directly to the address below:

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Respectfully submitted,



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